## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                       |                 |          |
|---|-----------------------|-----------------|----------|
| 1 Date of Request: 8/2/04 2 Serial/Patent # 10/739149 |                       |                 |          |
| 3 Please refund the following fee(s):                 | 4 PAPER<br>NUMBER     | 5 DATE<br>FILED | 6 AMOUNT |
| Filing  |                       |                 | \$       |
| Amendment   |                       |                 | \$       |
| Extension of Time                                     |                       |                 | \$       |
| Notice of Appeal/Appeal                               |                       |                 | \$       |
| Petition  | Itw                   | 6/24/04         | \$130-   |
| Issue   |                       |                 | \$       |
| Cert of Correction/Terminal Disc.                     |                       |                 | \$       |
| Maintenance   |                       |                 | \$       |
| Assignment  |                       |                 | \$       |
| Other   |                       |                 | \$       |
|   | 7 TOTAL AMOUNT S 130  |                 |          |
| 8 TO BE   |                       | REFUNDED BY:    |          |
| 10 REASON:  | Treasury Check        |                 |          |
| Overpayment   | Credit Deposit A/C #: |                 |          |
| Duplicate Payment                                     | ,02-2448              |                 |          |
| No Fee Due (Explanation):                             |                       |                 |          |
| PTO error   |                       |                 |          |
|   |                       |                 |          |
|   |                       |                 |          |
| 11 REFUND REQUESTED BY:                               |                       |                 |          |
| TYPED/PRINTED NAME & G- ansuse TITLE: TO-ATIME        |                       |                 |          |
| SIGNATURE: PHONE: 306-5200                            |                       |                 |          |
| office: 400   |                       |                 |          |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:             |                       |                 |          |
| APPROVED:   |                       |                 |          |
|   |                       |                 | 4 4 d    |

Instructions for completion of this form appear on the back. After completion attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B